

## CLAIMS ONLY

Application Number

10/69115

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2		1				
3						
4						
5						
6						
9		1				
10		1				
11						
12		1				
13	1					
14		1				
15		1				
16		1				
17		1				
18	1					
19		1				
20		1				
21	1					
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44						
45						
46						
47						
48						
49						
50						
Total Indep	5					
Total Depend	16					
Total Claims	21					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
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59						
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100						
Total Indep						
Total Depend						
Total Claims						